

SERIAL NUMBER 09/269,837	FILING DATE 04/26/99	CLASS 359	GROUP ART UNIT 2874	ATTORNEY DOCKET NO. 6313-63761
-----------------------------	-------------------------	--------------	------------------------	-----------------------------------

APPLICANT

CHARLES W. JONES, INDIANAPOLIS, IN.

****CONTINUING DOMESTIC DATA*******

VERIFIED

UNITED STATES

60/026761

10/04/96

JW

UNITED STATES

60/044736

04/18/97

****371 (NAT'L STAGE) DATA*******

VERIFIED

THIS APPLN IS A 371 OF PCT/US97/18028 10/03/97

JW

****FOREIGN APPLICATIONS*******

VERIFIED

~~UNITED STATES~~

~~60/026761~~

~~10/04/96~~

JW

~~UNITED STATES~~

~~60/044736~~

~~04/18/97~~

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/22/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 14	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>JW</i>			Examiner's Initials _____			

ADDRESS

BARNES & THORNBURG
11 SOUTH MERIDIAN STREET
INDIANAPOLIS IN 46204

TITLE

STEREOGRAPHIC BOOK

FILING FEE
RECEIVED

\$122

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 269837	RECEIPT DATE:	04 / 01 / 99
IA NUMBER:	PCT/ US97 / 18028	IA FILING DATE:	10 / 03 / 97
FAMILY NAME:	JONES	DELAY WAIVED (Y/N):	N
GIVEN NAME:	CHARLES W	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 04 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	6313-63761	COUNTRY:	USX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	TIMOTHY E NIEDNAGEL		
	BARNES & THORNBURG		
STREET:	11 SOUTH MERIDIAN STREET		
CITY:	INDIANAPOLIS		
STATE/COUNTRY:	IN	ZIP:	46204
EMAIL:			
APPLICATION TITLES:			
	STEREOGRAPHIC BOOK		

TAB TO LAST POSITION.PUSH SEND